

01-1707

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10/23/01
jc759 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kevin Richardson

COPY OF PAPERS
ORIGINALLY FILED

Serial No.: Unknown

Examiner: Unknown

Filing Date: October 23, 2001

Group Art Unit: Unknown

For: CONE TIP BILIARY CATHETER AND METHOD OF USE

Docket No.: 1001.1441101

jc972 U.S. PTO
10/047482
10/23/01

TRANSMITTAL SHEET

The Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL855119806US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 23rd day of October, 2001.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

[XX] THIRTY-THREE (33) sheet(s) of specification.

[XX] TWENTY-EIGHT (28) claim(s).

[XX] ONE (1) sheet(s) of Abstract.

[XX] SIX (6) sheet(s) of informal drawings.

[XX] Executed Declaration and Power of Attorney.

[] A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.

[XX] An Assignment of the invention to SciMed Life Systems, Inc., is being filed contemporaneous with this patent application.

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. §119.

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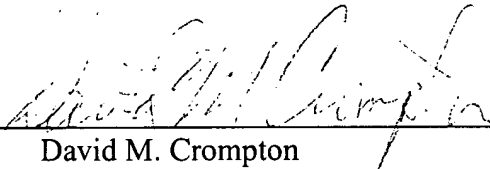
CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE	1	0		\$370		\$740
TOTAL CLAIMS	28-20 =	8	X9=	\$	X18=	\$144
INDEPENDENT CLAIMS	6-3 =	3	X42=	\$	X84=	\$252
() MULTIPLE DEPENDENT CLAIM PRESENTED			+140=	\$	+280=	\$0
TOTAL			\$		\$1,136	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____.

[XX] A check in the amount of \$1,136.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
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